



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/11/2023	202334503538	DISSOLUTION (DIS)	50.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

HUMAN PHENOME DIVERSITY FOUNDATION
BRYAN PESTA
26845 CHAPEL-HILL DR.
NORTH OLMSTED, OH 44070



**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
4366092

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HUMAN PHENOME DIVERSITY FOUNDATION

and, that said business records show the filing and recording of:

Document(s)
DISSOLUTION

Effective Date: 12/11/2023

Document No(s):
202334503538



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
11th day of December, A.D. 2023.

Ohio Secretary of State

Form 560 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43215Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43215

For screen readers, follow instructions located at this path.

Certificate of Dissolution
(Nonprofit, Domestic Corporation)
Filing Fee: \$50
(139-DISM (Members) & 175-DIST (Directors))
Form Must Be Typed

RECEIVED

DEC 11 2023

SECRETARY OF STATE

Complete the following information.

The corporation named below has adopted a resolution of dissolution.

Name of Corporation Human Phenome Diversity Foundation

Charter Number 4366092

Location of Principal Office in Ohio

North Olmsted
CityCuyahoga
CountyOH
State

Names and addresses of the directors.

Bryan Pesta
Name26845 Chapel-Hill Dr. North Olmsted, OH 44070
AddressJohn Fuerst
Name4453 Groveland Rd. University Hts, OH 44118
Address

Name

Address

Names and addresses of the officers.

Bryan Pesta

Name

26845 Chapel-Hill Dr. North Olmsted, OH 44070

Address

John Fuerst

Name

4453 Groveland Rd. University Hts, OH 44118

Address

Name

Address

Name and address of the Statutory Agent.

Bryan Pesta

Name of Statutory Agent

26845 Chapel-Hill Dr.

Mailing Address

North Olmsted

City

OH

State

44070

ZIP Code

Please complete this section if the corporation is appointing a new agent.

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Statutory Agent Name

, named herein as the

Statutory agent for,

Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

The date of dissolution if other than the filing date

08/13/2023

dissolution date (MM/DD/YYYY)

Note: The date of dissolution must be on the date of filing, or a later date that is not more than 90 days after the date of filing, pursuant to Ohio Revised Code section 1702.47(H)

Check the appropriate box and provide information as required:

The resolution of dissolution was adopted by the **Directors**. Pursuant to Ohio Revised Code section

- ☒ 1702.47(C), directors may adopt a resolution in the following cases, please check the box to state the proper statement of the basis for the adoption.

- ☐ When the corporation has been adjudged bankrupt or has made a general assignment for the benefit of the creditors;
- ☐ By leave of the court, when a receiver has been appointed in a general creditor's suit or in any suit in which the affairs of the corporation are to be wound up;
- ☒ When substantially all of the assets have been sold at judicial sale or otherwise; or
- ☐ When the period of existence of the corporation specified in its articles has expired.

- ☐ The resolution of dissolution was adopted by the **Members** pursuant to Ohio Revised Code section 1702.47(D).

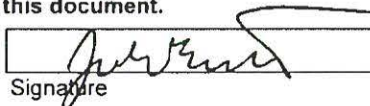
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized officer, unless the officer fails to execute and file the certificate within 30 days after the adoption of the resolution, or upon any date specified in the resolution as the date upon which the certificate is to be filed, or upon the expiration of any period specified in the resolution as the period within which the certificate is to be filed, whichever is latest, in which event the certificate of dissolution may be signed by any three voting members and shall set forth a statement that the persons signing the certificate are voting members and are filing the certificate because of the failure of the officers to do so.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

John Fuerst

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Human Phenome Diversity Foundation

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1702.55 of the ORC.

Agency	Date Notified (MM/DD/YYYY)	Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	10/23/2023	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	10/23/2023
		Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Regular Address: P.O. Box 182413 Columbus, OH 43218-2413

Note: This affidavit must be signed by the person executing the certificate or by an officer of the corporation.

Signature John Fuerst Title Vice President

John Fuerst
Name

4453 Groveland Rd.
Mailing Address

University Hts Ohio 44118
City State ZIP Code

State of Ohio

County of USA

Sworn to or affirmed and subscribed before me by John Fuerst
Name of person making oath or affirmation

on this date 12/04/2023
Today's Date (MM/DD/YYYY)



Flynn Woe
Notary Public's Signature

08/02/2028
Expiration Date of Notary's Commission (MM/DD/YYYY)